

STATE OF NEVADA
 DIVISION OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
 Log No. 83998
 Permit No. _____
 Basin 162

PRINT OR TYPE ONLY
 DO NOT WRITE ON BACK

Please complete this form in its entirety in accordance with NRS 534.170 and NAC 534.340

NOTICE OF INTENT NO. **22403**

1. OWNER **KEPPEL, BRUCE**
 MAILING ADDRESS **3230 W DONNER**
PAHRUMP, NV 89048

ADDRESS AT WELL LOCATION **3230 W DONNER**

2. LOCATION **SE 1/4 NE 1/4 Sec. 13 T 20S**
 PERMIT NO. **41-412-25**
Issued by Water Resources Parcel No.

N/S R **52E E NYE** County
CHARLESTON PARK RANCHOS
Subdivision Name

3. WORK PERFORMED
 New Well Replace Recondition
 Deepen Abandon Other _____

4. PROPOSED USE
 Domestic Irrigation Test
 Municipal/Industrial Monitor Stock

5. WELL TYPE
 Cable Rotary RVC
 Air Other _____

6. LITHOLOGIC LOG

| Material | Water Strata | From | To | Thick-ness |
|-----------------|--------------|------|-----|------------|
| CLAY & CALICHIE | | 0 | 67 | 67 |
| CALICHIE | WB | 67 | 70 | 3 |
| CLAY | | 70 | 83 | 13 |
| CALICHIE | WB | 83 | 88 | 5 |
| CLAY | | 88 | 109 | 21 |
| CALICHIE | WB | 109 | 115 | 6 |
| CLAY | | 115 | 128 | 13 |
| CALICHIE | WB | 128 | 134 | 6 |
| CLAY | | 134 | 140 | 6 |

8. WELL CONSTRUCTION

Depth Drilled **140** Feet Depth Cased **140** Feet

HOLE DIAMETER (BIT SIZE)
 From **10.25** Inches To **0** Feet **140** Feet
 _____ Inches _____ Feet _____ Feet
 _____ Inches _____ Feet _____ Feet

CASING SCHEDULE

| Size O.D. (Inches) | Weight/Ft. (Pounds) | Wall Thickness (Inches) | From (Feet) | To (Feet) |
|--------------------|---------------------|-------------------------|-------------|------------|
| 6.625 | 3.63 | .280 | 0 | 140 |

Perforations:
 Type perforation **SAW CUT**
 Size perforation **1/8 X 3**
 From _____ feet to _____ feet
 From _____ feet to _____ feet

Surface Seal: Yes No Seal Type:
 Depth of Seal **50** _____ Neat Cement
 Placement Method: Pumped Cement Grout
 Poured Concrete Grout
 Gravel Packed: Yes No
 From **50** feet to **140** feet

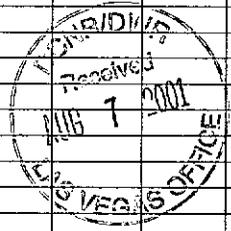
9. WATER LEVEL
 Static water level **54** feet below land surface
 Artesian flow _____ G.P.M. _____ P.S.I.
 Water temperature _____ °F Quality _____

10. DRILLER'S CERTIFICATION

This well was drilled under my supervision and the report is true to the best of my knowledge.
 Name **GREAT BASIN DRILLING CO. OF NEVADA, INC.**
Contractor
 Address **P.O. BOX 4220**
Contractor
PAHRUMP, NV. 89048
 Nevada contractor's license number issued by the State Contractor's Board **47333**
 Nevada driller's license number issued by the Division of Water Resources, the on-site driller **1642**
 Signed *Thomas De...*
By driller performing actual drilling on-site or contractor
 Date **7/31/01**

7. WELL TEST DATA

| TEST METHOD: | G.P.M. | Draw Down (Feet Below Static) | Time (Hours) |
|---|--------|-------------------------------|--------------|
| <input type="checkbox"/> Bailer <input type="checkbox"/> Pump <input type="checkbox"/> Air Lift | | | |
| | | | |
| | | | |
| | | | |



Date started **7/18/2001**, 19
 Date completed **7/20/2001**, 19